

Cygnet (OE) Limited

Hollyhurst

Inspection report

118 Woodland Road
Darlington
County Durham
DL3 9LN

Tel: 01325252002
Website: www.cygnethealth.co.uk

Date of inspection visit:
31 January 2023
02 February 2023

Date of publication:
27 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hollyhurst is a residential care home providing personal and nursing care to 13 people at the time of the inspection. The service can support up to 22 people under its registration but would currently not admit more than 18. Hollyhurst provides accommodation across two buildings with a two-person bungalow and a large two storey house with bedrooms and communal areas.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of key questions of safe, responsive and well led, the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The environment of a large (more than 6 people) living in one communal home does not meet the principles of Right support, right care, right culture. Despite the large environment consideration had been given to the principles and meeting these, as follows:

Right Support:

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. This had improved since the last inspection. Where restrictions were imposed these were robustly reviewed, by the staff who knew people best and relevant professionals, to see if these were appropriate or could be reduced. Infection control measures were in place, people were supported by staff to keep their home safe and clean. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. There were effective staff recruitment and selection processes in place. There were enough skilled and experienced staff who knew people well to safely meet people's needs, for example their communication needs. Staff recruitment and retention was a priority in the service, as there were vacant posts. Management had developed induction processes to help them find and keep staff that were right for the needs of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. Despite the large environment, people did not have their support dictated by the routines of the service. Staff and people cooperated to assess risks people might face. Where appropriate,

staff encouraged and enabled people to take positive risks. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

Right Culture:

Since the last inspection there was a new registered manager. They and staff were working to a development plan with a strong focus on improving the culture and positive outcomes for people. Many of the people and staff we spoke with told us they saw an improvement in the service and the culture. People commented on the positive atmosphere and caring attitudes of staff. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. The registered manager recognised the importance of sharing information in an accessible way so people understood it and could respond. Staff had worked closely with the professionals in the service to develop meaningful engagement and increase opportunities for people to have their say.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. The service had strong links with other organisations, and the wider community, for the benefit of people who used the service. This included sharing best practice and organising events to increase the wider communities understanding about learning disabilities and autism.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 December 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At an inspection in July 2019 we made a recommendation about person-centred care, the service had sustained improvement in this area.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced inspection of this service between 26 October 2021 and 05 November 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve processes to assess, monitor and manage risk.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe,

Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hollyhurst on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our responsive findings below.

Good ●

Hollyhurst

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Hollyhurst is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hollyhurst is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 January 2022 and ended on 2 February 2022. We visited the service on 31 January 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service. Some of the people who used the service had complex needs or limited verbal communication. This meant they could not always tell us their views of the service or did not wish to engage with us. Including the 5 people we spoke with, we observed 9 people who used the service interacting with staff. We also spoke with 2 relatives by telephone.

We spoke with 13 staff including; the registered manager, deputy manager, clinical lead, senior support staff, 4 support workers, an agency support worker, psychologist, speech and language therapist, assistant psychologist and the activities co-ordinator.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at a variety of records relating to the safety and management of the service, including policies and procedures, staff recruitment, risk assessments and safety checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection, the provider failed to ensure an effective system to assess, monitor and manage risk was fully in place to keep people safe. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems to keep people safe had improved. Risks to people's safety were well managed and systems supported timely responses.
- Staff knew how to recognise abuse and safety incidents and reported any appropriately. The provider involved the relevant agencies where concerns were raised.
- There was a whole team approach to incidents, staff reviewed incidents and were asked how they could have been anticipated or responded to more effectively. Where necessary the registered manager investigated and shared learning with staff.
- The provider produced a 'lessons learnt newsletter' for sharing information about lessons learnt and risk reduction across services in the organisation.

Assessing risk, safety monitoring and management

- Risk assessments were developed in partnership with people, relatives and staff and were regularly reviewed. People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff helped keep people safe through formal and informal sharing of information about risks. Staff managed the safety of the environment well through checks and action to minimise risk.
- The service benefited from on-site professionals and access to a 'safety intervention team' that helped develop plans and strategies to manage risks in a safer way.
- The service closely monitored use of restrictions, particularly any use of physical intervention, to ensure these were used appropriately and to look at ways these could be reduced. The service worked with partner agencies to ensure incidents were reviewed in-line with best practice and the law.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- MCA decisions and those made in people's best interests followed guidance and were detailed. They clearly explained the options that had been explored to reach the least restrictive decisions and how people, or their representatives, had been involved.

Staffing and recruitment

- There were enough staff on duty, including for one-to-one support for people to take part in the things they wanted to do, when they wanted to do them. People told us they had good relationships with the staff who supported them. One person told us, "It's alright here" and "They [staff] are a good set." A relative told us, "They [staff] are supportive and very kind to [family member]."
- Staff recruitment and induction training processes promoted safety. The registered manager had prioritised recruiting and retaining staff, this had improved but there were still some vacant posts.
- Staff undertook a detailed induction, which had recently been reviewed and improved. Staff told us they welcomed the new induction as it gave prospective employees the opportunity to understand what the job involved and how to work with people. Staff told us they felt this positively impacted finding the right staff who were committed to staying in the service.
- Where agency staff were used appropriate checks were made, and induction given. Regular agency staff were used to provide consistency.

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating and people did not have capacity to understand which medicines they needed and when.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have visitors in the home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the inspection in July 2019 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

In July 2019 we recommended the provider followed best practice around person-centred care plans and included more information in a one plan format to reduce the loss of information. We reviewed this at our inspection in August 2020 and found the provider had made improvements. At this inspection we found these had been sustained.

- The service delivered person-centred care with people having choice and control regarding how staff met their needs. Staff had ensured care plans contained pertinent information about people's needs and preferences to enable staff to provide appropriate care.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- The provider's psychologist had developed comprehensive positive behaviour support (PBS) plans. The psychologist and their assistant had thoroughly evaluated previous PBS plans in place. They found areas where these could be enhanced and ensured plans now fully reflected PBS principles.
- Staff ensured these were consistently implemented and had found these new approaches had assisted people to manage their emotions and significantly reduce distress reactions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood the AIS requirements and had made sure appropriate communication tools, such as Makaton, PECS (Picture Exchange Communication System) and easy read documents were in place.
- The provider's speech and language therapist had supported staff to produce documents in formats people could readily use. For example, they had worked with the activities co-ordinator to make house meeting minutes accessible for all. The speech and language therapist was passionate about ensuring all means to communicate with people were explored, as they wanted to give individuals every opportunity to say how their support needs should be met.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to regularly participate in their chosen social and leisure interests. People told us they could go shopping when they wanted, to the community centre, pubs, to other local facilities and join local community event. One person said, "I go out all the time and today I'm off to do woodwork at the centre. I'm making bird boxes but really enjoyed making things for Christmas."
- Staff helped people to have freedom of choice and control over what they did. Staff actively encouraged people to decide what they wanted to do and used a variety of communication styles to support individuals to express their wishes.
- The psychologist was working in partnership with the local council to arrange to host an event in the town centre, which would provide a whole range of stimulating activities people from the service as well as members of the general public could join in.

Improving care quality in response to complaints or concerns

- Complaint processes were in place. The registered manager ensured any concerns and complaints were appropriately investigated and resolved.
- At each house meeting the activities co-ordinator asked people to share any concerns or complaints they had as well as giving people the opportunity to discuss any issues with them privately. People told us they were very happy at the service and had no concerns.

End of life care and support

- Staff implemented good practice and guidance for caring for people at the end of life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture that promoted good outcomes. The registered manager and wider management team had worked hard to improve the culture in the home. We received positive feedback from everyone we spoke with during the inspection. One staff member told us, "I think the culture has improved. It's a positive environment. I think everyone will say that."
- People were supported to set long and short-term person-centred goals and staff closely monitored progress towards meeting these goals and how challenges would be overcome.
- People and staff told us they could speak openly to management and that everyone was working together to achieve the goals and outcomes people wanted. Staff told us one of the recent improvements was increased communication and co-working with staff at all levels in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear on, and committed to their role, and driving improvements. They had implemented organised and structured systems to aid oversight of the service.
- The registered manager told us they felt supported by the wider organisation, they told us, "I feel so supported." They told us how they received support from their management and from a network of managers across other services in the organisation.
- Staff told us they were clear about management expectations and felt supported to achieve these. The registered manager praised staff for their combined achievements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had improved how information was shared with people, and methods for gauging their understanding, so that people could be involved in a meaningful way. One person told us, "We always get asked about what we want and I think they listen to us."
- People were encouraged to feed back about the service in a variety of ways, such as: group meetings and one to one with staff using methods that suited people's needs.

- Staff could demonstrate acting on feedback and suggestions from people. Outcomes from meetings were displayed on noticeboards so people knew their comments had been acted on.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. Development plans were in place and regularly reviewed to demonstrate movement toward desired targets.
- The provider kept up-to-date with national policy to inform improvements to the service. Development plans included reviewing documents to ensure they were compliant with regulatory standards and legislative changes.

Working in partnership with others

- Staff were proactive in linking with other organisations and the wider community.
- Staff reached out to various businesses and organisations to increase their understanding of the service. The registered manager gave an example where a person who used the service expressed distress/agitation while in a local shop. As staff had built a relationship with the shop owner, they closed the shop while staff responded to the person's needs.
- Work was ongoing to develop the links with wider organisations. The service's psychologist was working in partnership with the local council on an open access event for people with learning disabilities/Autism.
- The registered manager was part of various networks to share best practice.